

New York State Marriage Certificate Request Form

Name of Groom (first/middle/last) : _____

Residence of Groom (county/state) : _____

Maiden Name of Bride (first/middle/last) : _____

Residence of Bride (county/state) : _____

If Bride Previously Married, Name Used at That Time: _____

Age or Date of Birth: Groom: _____ Bride: _____

Place Where License Was Issued: _____

Place Where Marriage Was Performed: _____

Date of Marriage or Period Covered by Search: _____

Purpose For Which Record Is Required: _____

Your relationship to person whose record is requested (if self, state "self"): _____

In what capacity are you acting? _____

If attorney, name and relationship of your client to persons whose record is required:

Client: _____ Relationship: _____

Signature of Applicant: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Please PRINT name and address where record should be sent:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____



CITY OF WATERTOWN STATE OF NEW YORK

New York State Marriage Certificate Request Form

Only money orders are accepted through the mail. Copy of photo I.D. must accompany signed request.

Fee: \$10.00

SUBMIT REQUEST TO:

City Clerk's Office
245 Washington Street, Room 101
Watertown, NY 13601

PLEASE NOTE:

Certificates may be paid for by credit card and will be mailed the same day. Credit card orders require a faxed photo I.D. with signed request and credit card # and expiration date. Fax # is (315) 785-7796.

Fee: \$16.00